Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001880073)))



H130001880073ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED,

Account Number : 072720000036 Phone : (407)843-4600

Fax Number Passher (407) 843-4444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ensil Address mundatribraccapital, com

RECEIVED

3 AUG 23 AM 10: 00

SECKETARY OF STATE

ALLANASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Triloma Management I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

CRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

1 States AUG 2 6 2013

H130001880073

ARTICLES OF ORGANIZATION OF TRILOMA MANAGEMENT I, LLC

ARTICLE I - NAME

The name of this limited liability company is TRILOMA MANAGEMENT I, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 228 North Park Avenue, Suite A, Winter Park, FL 32789.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial registered office of the Company is 228 North Park Avenue, Suite A, Winter Park, FL 32789 and the name of the initial registered agent of the Company at that address is Michael I. Wood.

ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company and the initial members of the Company are as follows:

Barry Goff 228 North Park Avenue Suite A Winter Park, FL 32789	Larry Goff 228 North Park Avenue Suite A Winter Park, FL 32789	Michael I. Wood 228 North Park Avenue Suite A Winter Park, FL 32789	
William Lange D David	2	13 x x x x x x x x x x x x x x x x x x x	লক্ষ্যুগ্ _য
	Signature of a Me Representative of	a Member	THE PERSON
	Michael I. Wood		
	Typed or Printed I	value of signer 5% ?	
	ACCEPTANCE OF REGISTERED	AGENT DA 33	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Michael I. Wood

0282088/158499/1521207/1

H13000188007 3